

## DEPARTMENT OF CIVIL RIGHTS INTAKE QUESTIONNAIRE

Walk-in:	
Appointment:	
Telephone:	

\* This is not an official charge of discrimination. This form is only intended to obtain information that will enable the Department to better assess the alleged claim of discrimination.

1. Personal Information				
Today's Date:				
Last Name: First Na	me: MI			
Mailing Address:	Apt or Unit			
City:	State: Zip:			
Home/Phone No.:	Work Phone No.:			
Cell Phone No:	E-Mail:			
Date of Birth:	Sex: □ Female □ Male			
Emergency Contact:	Phone:			
In what area do you feel you where discriminated?				
☐ Employment ☐ Public Accommodation ☐ Reprisal ☐ Public Service ☐ Education ☐ Employment Agency				
☐ Business ☐ Labor Organization ☐ Lending ☐	☐ Real Estate ☐ Housing ☐ Professional Organization			
What is the basis of your claim? (check all that apply)				
□ Race □ Color □ Religion □ Age □ Disability □ Ancestry □ Creed □ Sex □ Gender Identity				
☐ Sexual Orientation ☐ Sexual Harassment ☐ Marital Status ☐ Public Assistance ☐ National Origin				
If you checked Race, Disability, Religion and/or Color, please specify:				
3. Do you have attorney representation? ☐ Yes	□ No			
Attorney Name:	Telephone No:			
4. Have you filed a complaint with any other agency? $\Box$ Yes $\Box$ No (if yes, please answer below)				
Date Filed: N	Name of Agency:			
5. Do you plan to file a court action? ☐ Yes ☐ No ☐	Undecided			

6. Business or Service Organization that Allegedly Committed Discrimination Act				
Date Incident:				
Name of Business or Service Provider:				
Address:	City: _		Zip:	
Contact Person:		_ Title:	wner/Manager/Human Resources/Supervisor)	
Phone Number:			wner/Manager/Human Resources/Supervisor)	
Complete this Portion ONLY if Employment Discrimination Claim				
Number of employees: $\Box$ fewer than	15 🗆 15-100	□100+	$\square$ unknown	
Date Hired:	Job Tit	le:		
Date employment ended (if applicable): _		_ 🗆 Discl	harge□ Lay-off □ Quit	
7. Brief explanation of incident:				
7. Birer explanation of mercent.				
			·	
Witnesses:				
Name:		Phone Nur	mber:	
Name:		Phone Nur	mber:	
Name:		Phone Nur	mber:	
How did you hear about us? Friend $\square$ Relative $\square$ Newspaper $\square$ TV $\square$ Website $\square$ Organization $\square$ Other $\square$				
Do Not Write Below this Line				
Department Decision on Charge:	<ul><li>□ D&amp; D</li><li>□ Draft Charge</li><li>□ Closed Inquiry</li></ul>			
Date Reviewed:		Initials:		

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